STATE OF ARKANSAS PERFORMANCE EVALUATION RATING FORM Department of Finance and Administration

| Employee Name | | | | | Personnel Number | |
|-----------------|-----------------|--------|---------|------------|------------------|-------|
| Title | | Busine | ss Area | Class Code | | Grade |
| Position Number | Cost Center | | | | Review Date | |
| Rater Name | | | Title | | | |
| Phone Number | Rating Period F | rom | | | То | |

RELATIVE IMPORTANCE SCALE

- A = This duty area represents the major reason the job exists. It is critical to the performance of the job as a while and to the attainment of Department goals and work unit priorities. In most cases, this duty consumes the majority of the employee's time.
- B = The duty area is essential to the performance of the job as a whole and to the attainment of Department goals and work unit priorities. In most cases, this duty will consume a significant portion of the employee's time.
- C = The duty area is important to the performance of the job, but not critical. It generally will not consume a large amount of the employee's time.

PERFORMANCE CATEGORY RATING SCALE

- E = EXCEEDS STANDARD A rating reflecting the performance of the duties and responsibilities at a level that substantially exceeds that considered "fully satisfactory."
- AA = ABOVE AVERAGE A rating reflecting the performance of the duties and responsibilities at a level that is above that considered satisfactory.
- S = SATISFACTORY A rating reflecting the performance of the duties and responsibilities at the "fully satisfactory" level.
- U = UNSATISFACTORY A rating reflecting the performance of the duties and responsibilities at a level that is unacceptable in accuracy, quality, timeliness, or rate.

**Definitions

Exceeds Standard – Performance consistently exceeds that considered above average and achievements substantially exceed the expected job requirements.

Above Average – Performance is consistently above that considered satisfactory by performing beyond the assigned performance standards.

Satisfactory – Performance is consistently adequate in meeting performance standards.

Unsatisfactory – Performance is unacceptable in accuracy, quality, timeliness, or rate.

In the columns below, summarize the evaluation by listing the duty area numbers, summary statements, relative importance indicators, and duty area ratings. Indicate the overall performance evaluation rating (E, AA, S, or U) in the designated area below.

| AREA DUTY AREA SUMMARY IMPORTANCE RATIN | | | | | |
|---|------|-------------------|----------------|------------|--------------------------------------|
| | AREA | DUTY AREA SUMMARY | | //PORTANCE | DUTY AREA RATING (E, AA, S, U) |
| Overall Performance Evaluation Rating | | | | | |
| Overall Performance Evaluation Rating | | | | | |
| Overall Performance Evaluation Rating | | | | | |
| Overall Performance Evaluation Rating | | | | | |
| Overall Performance Evaluation Rating | | | | | |
| Overall Performance Evaluation Rating | | | | | |
| | | Overall Perform | nance Evaluati | ion Rating | |

| EMPLOYEE'S NAME | PERSONNEL# |
|-----------------|-------------|
| RATER'S NAME | REVIEW DATE |

| Duty Area # | Summary, Standard, Method of Monitoring, and Results | Relative Importance | Rating |
|----------------|--|------------------------|--------|
| | Summary Statement: | | |
| | Standard: | | |
| | Method of Monitoring: | | |
| | Results: | | |
| | | | |

| Duty Area # | Summary, Standard, Method of Monitoring, and Results | Relative Importance | Rating |
|----------------|--|------------------------|--------|
| | Summary Statement: | | |
| | Standard: | | |
| | Method of Monitoring: | | |
| | Results: | | |
| | | | |

| EMPLOYEE'S NAME | PERSONNEL # |
|-----------------|-------------|
| RATER'S NAME | REVIEW DATE |

| Duty Area # | Summary, Standard, Method of Monitoring, and Results | Relative Importance | Rating |
|----------------|--|------------------------|--------|
| | Summary Statement: | | |
| | Standard: | | |
| | Method of Monitoring: | | |
| | Results: | | |
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| Duty Area # | Summary, Standard, Method of Monitoring, and Results | Relative Importance | Rating |
|----------------|--|------------------------|--------|
| | Summary Statement: | | |
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| EMPLOYEE'S NAME | PERSONNEL # |
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| RATER'S NAME | REVIEW DATE |

| Duty Area # | Summary, Standard, Method of Monitoring, and Results | Relative Importance | Rating |
|----------------|--|------------------------|--------|
| | Summary Statement: | | |
| | Standard: | | |
| | Method of Monitoring: | | |
| | Results: | | |
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| Duty Area # | Summary, Standard, Method of Monitoring, and Results | Relative Importance | Rating |
|----------------|--|------------------------|--------|
| | Summary Statement: | | |
| | Standard: | | |
| | Method of Monitoring: | | |
| | Results: | | |
| | | | |

| EMPLOYEE'S NAME | | PERSONNEL# | | |
|-----------------|----------------|-------------|-----------------------------|--|
| RATER'S NAME | | REVIEW DATE | REVIEW DATE | |
| | | | | |
| Standard # | Tasks Assigned | Duty Area | Performance Indicator(s) | |
| | | | | |
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| Standard # | Tasks Assigned | Duty Area | Performance Indicator(s) | |
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| Standard # | Tasks Assigned | Duty Area | Performance Indicator(s) | |
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| Standard # | Tasks Assigned | Duty Area | Performance Indicator(s) | |
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| Standard # | Tasks Assigned | Duty Area | Performance Indicator(s) | |
| | | | | |
| | | | | |
| Standard # | Tasks Assigned | Duty Area | Performance Indicator(s) | |
| | | | | |

This section is to be completed when the standards are established at the beginning of the rating period.

| I have reviewed these standards and understand my performance will be measured against them. | | | | |
|--|------|--|--|--|
| Employee's signature | Date | | | |
| | | | | |
| These standards were established in consultation with the employee named above. | 5. | | | |
| Supervisor's signature | Date | | | |
| I have reviewed these standards and agree that they are appropriate for the position. | | | | |
| Reviewing Official's signature | Date | | | |
| | | | | |
| This section is to be completed when the evaluation is reviewed with the employee at the end of the rating period. | | | | |
| My supervisor and I have reviewed my performance evaluation. I understand that my signature on this review does not necessarily indicate agreement with the rating, but that I have met with my supervisor. | | | | |
| Employee's signature | Date | | | |
| Comments (Attach additional pages if necessary) | | | | |
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| An employee who does not agree with the evaluation may request, in writing, a review of the evaluation with the reviewing official. This written request must be made within five working days of the initial performance evaluation meeting; the reviewing official should schedule a meeting with the employee in accordance with the | | | | |
| CLIP Appeal Process. | | | | |
| If agreement is not reached between the employee and reviewing official, the employee should contact <u>DFA</u> Human Resources for further instructions. | | | | |
| My employee and I have reviewed the employee's performance evaluation and all attachments. | | | | |
| Supervisor's signature | Date | | | |
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| I have reviewed the employee's performance evaluation and all attachments. Reviewing Official's signature | Date | | | |
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